

## Report Period # 3

#3

Assembly  
Office (if applicable)

28  
District (if applicable)

[illegible]

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Moises DENIS

Name (print)

Assembly

Office (if applicable)

28

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Moises Denis 3204 Osage Ave Las Vegas, NV 89101	J Repayment of Loan	10/26/02	8,626.85

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**CAMPAIGN EXPENSES**

 Report Period **#3**

 Name (print) Moises Denis

 Office (if applicable) Assembly

 District (if applicable) 28
**Expenses of \$100 or Less**

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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# IN KIND CAMPAIGN CONTRIBUTIONS

Report Period

# 3

Moises Denis  
Name (print)

Assembly  
Office (if applicable)

28  
District (if applicable)

## IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN

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Name (print)Moises Denis

Office (if applicable)Assembly

District (if applicable)28

IN KIND

Contributions of \$100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period

# 3

Moises Denis  
Name (print)

Assembly  
Office (if applicable)

28  
District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
	<i>None</i>		

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# IN KIND CAMPAIGN EXPENSES

Report Period

# 3

Moises Denis  
Name (print)

Assembly  
Office (if applicable)

28  
District (if applicable)

## IN KIND

### Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State  
NRS 294A.120, 294A.140, 294A.150  
294A.200, 294A.210, 294A.220, 294A.362